



MIKE KRAUSE
Executive Director

STATE OF TENNESSEE
HIGHER EDUCATION COMMISSION
PARKWAY TOWERS, SUITE 1900
NASHVILLE, TENNESSEE 37243-0830
(615) 741-5293
FAX: (615) 532-8845

BILL HASLAM
Governor

APPLICATION FOR EXEMPTION DETERMINATION

A completed application must be submitted for each proposed location or program.

INSTITUTIONAL DATA				
Institution Name:				
DPSA Institution Code (Applicable if Previously Authorized):				
Corporate Name (If Applicable):				
Physical Location Address				
Address:				
City:	State:			
Zip:	County:			
Mailing Address (This address is used only if you are unable to receive mail at the physical location.)				
Address:				
City:	State:	Zip:		
Institution Contact Data				
Telephone No.:	Fax No.:			
Web Site:	Email:			
Name and Title of On-Site Director (Administrator):				

CONTACT PERSON FOR THIS APPLICATION	
Name:	Title:
Address:	
City:	State:
Zip:	County:
Business No.:	Cell No.:
Email:	

ATTACHMENT CHECKLIST

You must provide the items in the checklist in order for your application to be complete. Refer to Rule of 1540-01-02-.05(3) of the Rules of the Tennessee Higher Education Commission, for additional information. A letter will be sent to your institution recognizing or denying the exemption determination request. If your institution is determined not to be exempt, Commission Staff will make a written determination and provide a date by which your institution may submit a request for further review by the Executive Director.

FEE AND DOCUMENTATION TO BE ENCLOSED WITH THIS APPLICATION	
<input type="checkbox"/>	1. EXEMPTION DETERMINATION REQUEST FEE OF \$100.00 – Place the fee in an envelope marked “Exemption Determination Request.” Attach the envelope to the top of the application. Payment must be a company check, money order, or cashier’s check. No personal checks will be accepted. Make checks payable to the State of Tennessee.
<input type="checkbox"/>	2. EXEMPTION AUTHORITY – List the exemption provision relied on in the Act and these rules. Attach documentation supporting the requested exemption such as: copies of all institutional materials; brochures; advertisements; state charter or business license; or organizational ties and/or contracts with other educational providers. Attach the explanation and supporting documentation as Attachment 1. See Rule 1540-01-02-.05 and Tenn. Code Ann. § 49-7-2004.
<input type="checkbox"/>	3. DESCRIPTIVE NARRATIVE – Explain how the institution or program qualifies for an exemption. Attach the narrative as Attachment 2.

SEND YOUR COMPLETED APPLICATION PACKAGE TO:

via standard mail:

Attn: Dr. Stephanie Bellard Chase
Tennessee Higher Education Commission
Parkway Towers, Suite 1900
404 James Robertson Parkway
Nashville TN **37243-0830**

via FEDEX, DHL or UPS:

Attn: Dr. Stephanie Bellard Chase
Tennessee Higher Education Commission
Parkway Towers, Suite 1900
404 James Robertson Parkway
Nashville TN **37219-1585**

KEEP A COMPLETE COPY OF THE APPLICATION PACKAGE FOR YOUR FILES.

For Office Use Only	
Entered By	Payment